

Name  
in FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death

1909

Dec

26

11 AM

Age

Months

1

Days

22

Sex

Female

Color or  
Race

White

Birth-  
place

Jarrettsville Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Edward Breidenbaugh

Father's  
Birthplace

Harford co Md

Mother's  
Maiden Name

Fannie PenSmith

Mother's  
Birthplace

Baltimore Md

Name of person giving  
Information

E Breidenbaugh

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Lack of Development

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

H. F. Bradley  
Jarrettsville Md

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harford Grace</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death	1909	Month	Dec	Day	22	Age	Years 73
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Harford Co</i>		Months	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Same</i>		Days			
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Mary Lawder</i>					
Father's Name <i>Aguilla Carroe</i>		Father's Birthplace <i>Harford Co</i>					
Mother's Maiden Name <i>Richie Donahoe</i>		Mother's Birthplace <i>Harford Co</i>					
Name of person giving information <i>Emma Gilbut</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Arterial degeneration</i>	How long	<i>2 or 3 yrs</i>
Immediate	<i>Cerebral hemorrhage</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J L Hopkins</i>	
		Address <i>Harford Grace</i>	
Accident or Suicide?		<i>no</i>	



Name  
in  
Full

Cole (Still Born)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

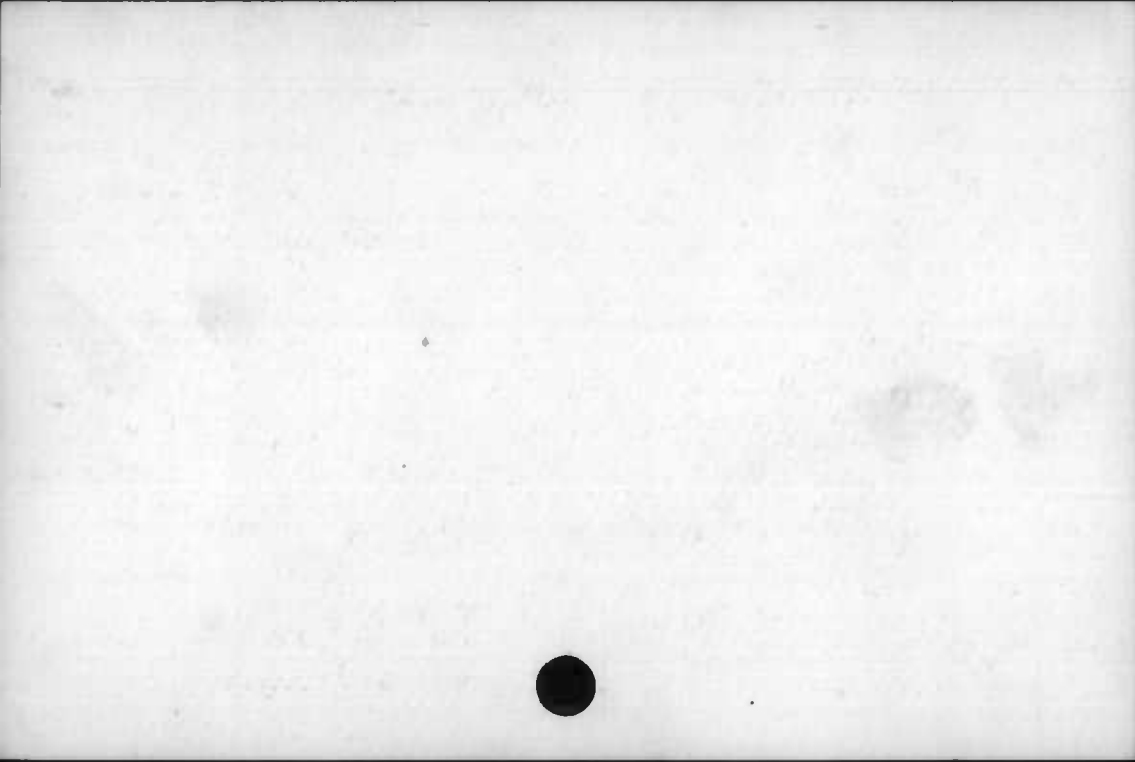
MARYLAND

Died at <i>Haver &amp; Grace</i>		County <i>Harford</i>	
Date of death	1909	Month	Dec
		Day	12
Age	No	Years	No
		Months	No
		Days	No
Sex	Female	Color or Race	Colored
Birth-place	<i>Harford, Md</i>		
Occupation	<i>None</i>		
Where Residing if not at place of death	<i>at place of death</i>		
Married, Single or Widowed	Single	Name of Wife or Husband	<i>None</i>
Father's Name	<i>John Hoke Cole</i>		Father's Birthplace <i>Md</i>
Mother's Maiden Name	<i>Fizzie Forman</i>		Mother's Birthplace <i>Md</i>
Name of person giving information	<i>John Hoke Cole</i>		How related to deceased <i>Father</i>

## CAUSES OF DEATH

Primary	<i>Still Born</i>	How long	<i>Still Born</i>
Immediate	<i>Still Born</i>	How long	<i>Still Born</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. W. Steiner</i>
		Address	<i>Haver &amp; Grace</i>
			<i>Md</i>
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth P. Crumlish

Died at <sup>Town</sup> Fallston<sup>County</sup> Harford

MARYLAND

Date of death 1909 Dec. 28 Age 69 Months 7 Days ✓

Sex Female Color or Race white Birth-place Germany

Occupation Housekeeper Where Residing if not at place of death Same

Married, Single or Widowed widow Name of Wife or Husband Jas. Crumlish

Father's Name ———— Tupper Father's Birthplace Germany

Mother's Maiden Name Elizabeth Tupper Mother's Birthplace Germany

Name of person giving information Joseph Crumlish How related to deceased Son

## CAUSES OF DEATH

10

Primary Induration of left lung 2 years

Immediate Grippe and Pneumonia 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician L. T. H. Gorsuch

Address Fort &amp; Mid

Accident or Suicide? no

Passion

Name  
in  
Full

Elizabeth A. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Benson		Town		County		MARYLAND	
Date of death 1909		Month Dec.		Day 11		Age 72	
Sex Female		Color or Race White		Birth-place		Harford Co. Md.	
Occupation House Wife		Where Residing if not at place of death		near Benson			
Married, Single or Widowed		Name of Wife or Husband		Emma R. Davis			
Father's Name		Lemuel H. Amos		Father's Birthplace		Maryland	
Mother's Maiden Name		Rachel Merison		Mother's Birthplace		Maryland	
Name of person giving Information		J. K. Davis		How related to deceased		Sister	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Capillary Bronchitis	How long	(6) Six days -
Immediate	Syncope	How long	1 a few hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. F. Van Bibber
Yes		Address	Bel Air Md.
Accident or Suicide		No	

Friends of the Church

Name  
in  
Full

CERTIFICATE OF DEATH

David C Ely

Died at *Street* <sup>Town</sup>

*Hynd.* <sup>County</sup>

MARYLAND

Date of death 1909. <sup>Month</sup> Dec. <sup>Day</sup> 21

Age <sup>Years</sup> 58

Months

Days

Sex *Male.*

Color or Race *White*

Birth-place *Ind.*

Occupation *Farmer*

Where Residing if not at place of death

*Ind.*

Married, ~~Single~~  
~~Widowed~~

Name of Wife or Husband

*Mary V. Ely*

Father's Name *David B Ely*

Father's Birthplace *Pa*

Mother's Maiden Name *Elizabeth Burnett*

Mother's Birthplace *Ind*

Name of person giving Information *Mary V. Ely*

How related to deceased *Wife*

CAUSES OF DEATH

*104*

Primary *Acute Indigestion*

How long *36 hours*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

*C. W. Farnour*

Address

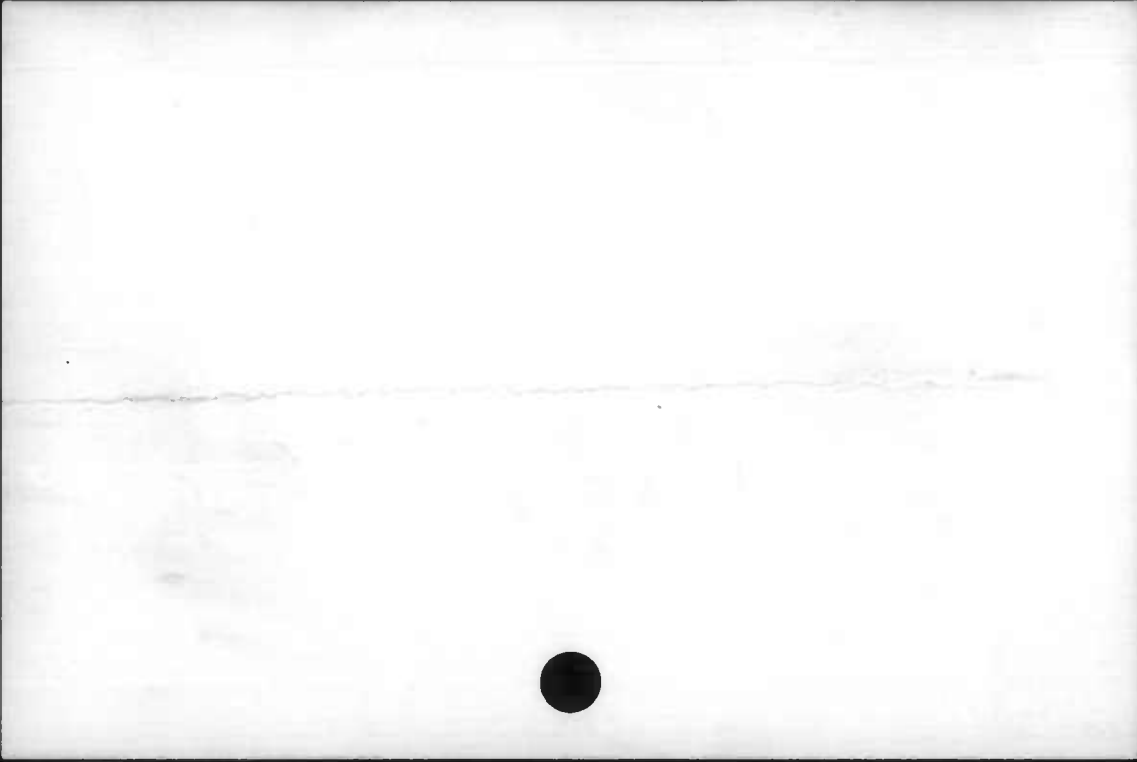
*Street*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*9*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName  
in  
Full  
*Jacob Emrick*  
TownDied at *farrettwille*

County

*Harford*

MARYLAND

Date

of death

*1909*

Month

*Dec.*

Day

*21*

Age

Years

*77*

Months

Days

*14*

Sex

*male*Color or  
Race*White*Birth-  
place*Germany*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*married*Name of Wife or  
Husband*Mary Bahr*Father's  
Name*Henry Emerick*Father's  
Birthplace*Germany*Mother's  
Maiden Name*— Olick*Mother's  
Birthplace*Germany*Name of person giving  
Information*William Emrick*How related  
to deceased*son*

## CAUSES OF DEATH

Primary

*Acute Indigestion*

How long

*10 1/2 hrs.*

Immediate

*Heart Failure*

How long

Are the name, age, sex, color, data  
and place correctly given above?*yes*Signature of  
Physician*F. E. Rigdon M.D.*

Address

*farrettwille, Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George W. Freebinger

Town

County

MARYLAND

Died at

Bryna

Harford

Date

of death

1909

Month

12

Day

2

Age

Years

84

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Baltimore Md

Occupation

Contractor &amp; Builder

Where Residing if not  
at place of death

at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Wife dead

Father's  
Name

Frank Freebinger

Father's  
Birthplace

Baltimore Md

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Baltimore Md

Name of person giving  
Information

Mrs. Elba B. Hogler

How related  
to deceased

Niece

## CAUSES OF DEATH

Primary

Old age

How long

66

Immediate

Paralysis

How long

4 Hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Chas. E. Breswell

Address

Sub Registrar Health  
Mountain Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

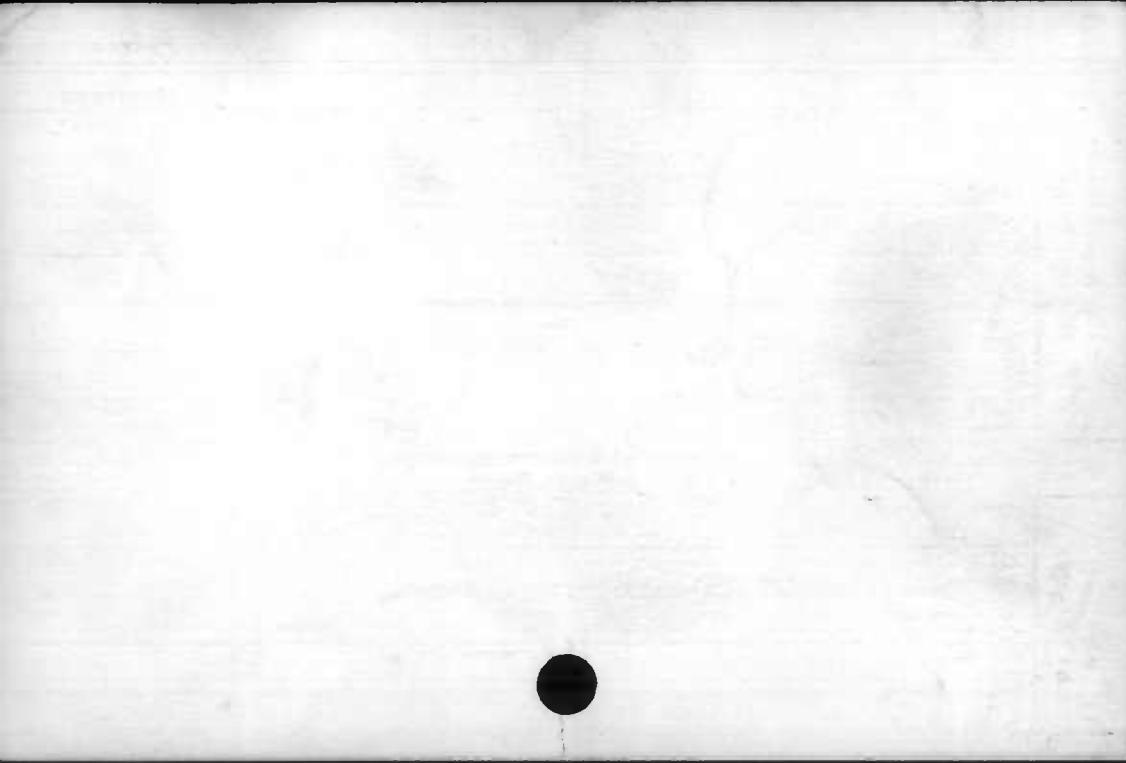
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>George Washington Garrison</i>		Town <i>Aberdeen</i>		County <i>Harford</i>		STATE <i>MARYLAND</i>	
Died at		Month		Day		Years	
Date of death <i>1909</i>		<i>Dec.</i>		<i>21</i>		<i>58</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>		Months <i>9</i> Days <i>4</i>	
Occupation <i>Track foreman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary E. Sterling</i>					
Father's Name <i>Cornelius Garrison</i>		Father's Birthplace <i>Balto. Co.</i>					
Mother's Maiden Name <i>Eliza Baker</i>		Mother's Birthplace <i>Baltimore</i>					
Names of person giving Information <i>Mary E. Garrison</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Exhaustion Hemorrhage etc</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Kennedy</i>
	Address <i>Aberdeen Md.</i>
Accident or Suicide <i>_____</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ruth Greenbaum

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

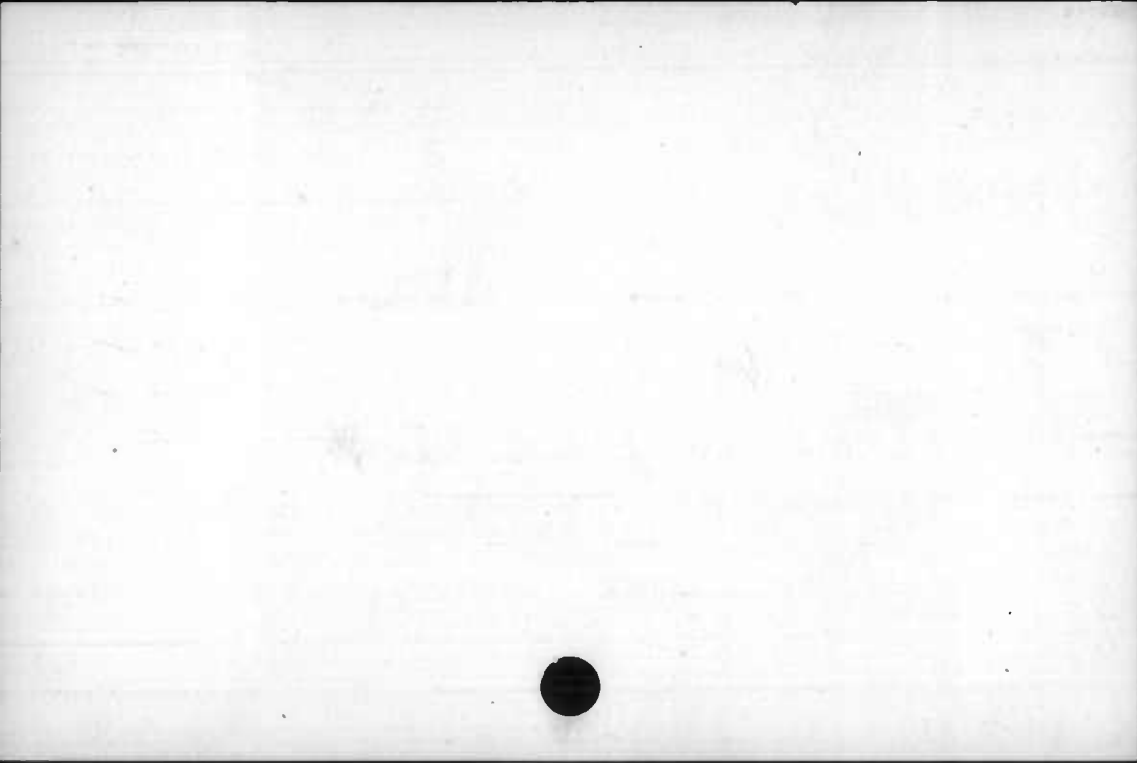
MARYLAND

Died at *Havre de Grace* Town*Harford* CountyDate  
of death *1909*Month  
*Dec*Day  
*8*Age  
Years *—*Months  
*5*Days  
*—*Sex *Female*Color or  
Race *Caucasian*Birth-  
place *Havre de Grace*Occupation  
*None*Where Residing if not  
at place of death *Same*Married, Single  
or Widowed *Single*Name of Wife or  
Husband *—*Father's  
Name *Max Greenbaum*Father's  
Birthplace *Unknown*Mother's  
Maiden Name *Helen Markheim*Mother's  
Birthplace *Balto. Md.*Name of person giving  
In formation *Helen Markheim*How related  
to deceased *Sister*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONERPrimary *Intestinal inflammation*How long *3 days*Immediate *Cerebral congestion*How long *1 day*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *J. L. Hopkins*Address *Havre de Grace*Accident or Suicide? *md*



Name  
in  
Full

Caseandra Greenland

CERTIFICATE OF DEATH

Died at <i>Aberdeen</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	1909	Month	12	Day	24
Age		80		Years	
Sex		Female		Color or Race	White
Occupation		Homemaker		Birth-place	Me.
Where Residing if not at place of death					
Married, Single or Widowed	Widowed		Name of Wife or Husband	H. R. Edward Greenland	
Father's Name	Agnes Greenland		Father's Birthplace	Me.	
Mother's Maiden Name	Harnett Greenland		Mother's Birthplace	Me.	
Name of person giving information	H. Greenland		How related to deceased	Son	

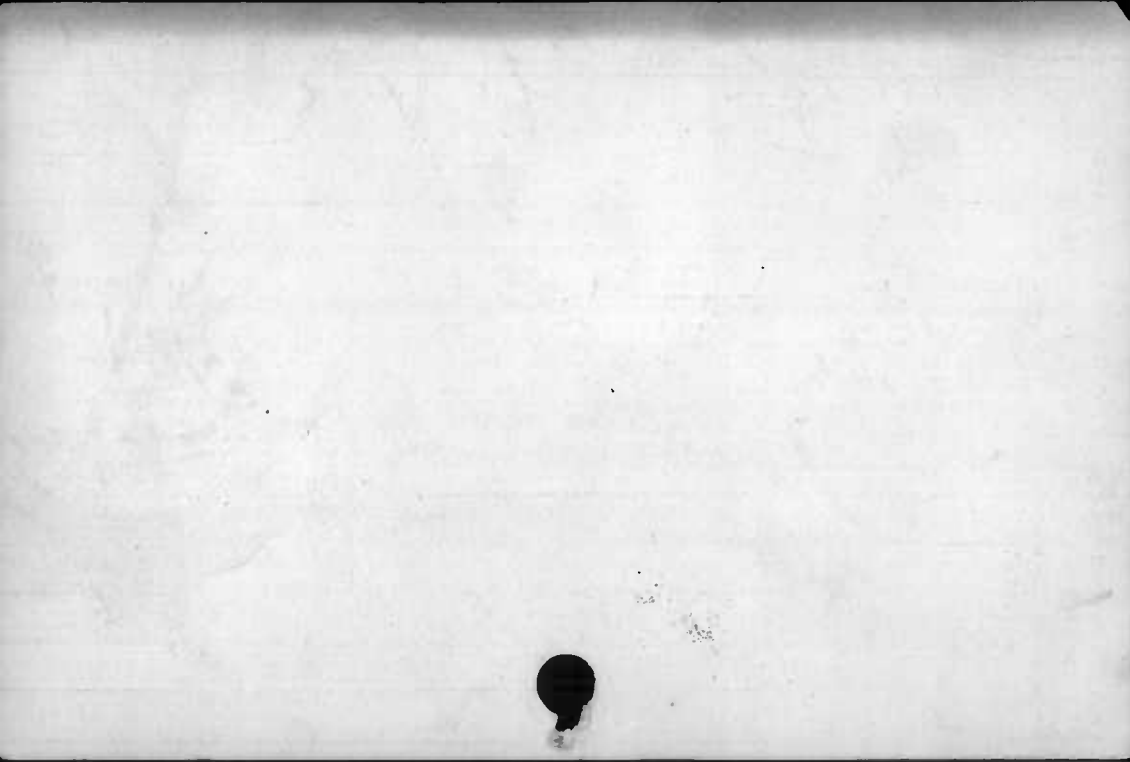
## CAUSES OF DEATH

45

Primary	<i>Cancer of right leg below knee</i>		How long	<i>4 Mo's</i>
Immediate	<i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>W. H. Her</i>		
Address		<i>Psmyman</i>		
<i>Accident or Suicide?</i>				

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

6



Name  
in  
Full

Bertha Harner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

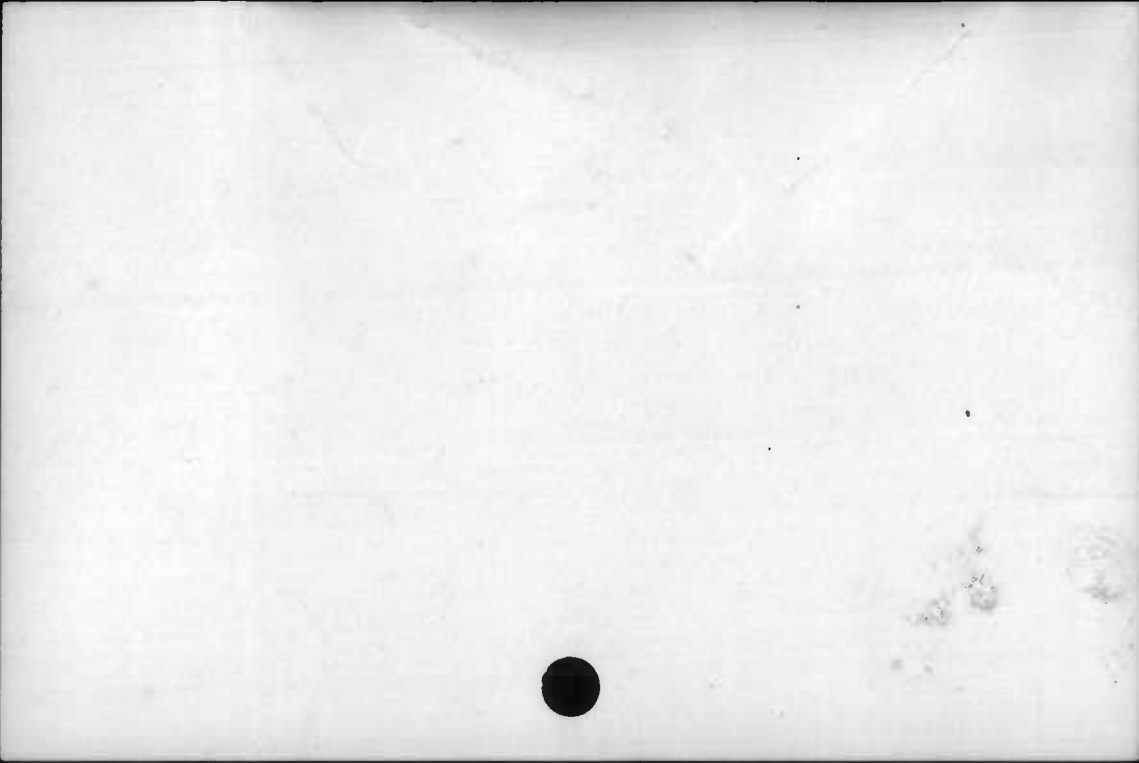
Died at <i>Harredeltrae</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>28</i>		Age <i>25</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Harredeltrae</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>..</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dave Harner</i>					
Father's Name <i>Charles Ridgely</i>		Father's Birthplace <i>Harford co.</i>					
Mother's Maiden Name <i>Janette Taylor</i>		Mother's Birthplace <i>Balto.</i>					
Name of person giving information <i>Dave Harner</i>		How related to deceased <i>husband</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>2 years</i>
Immediate <i>Toxemia + Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. Steiner</i>
	Address <i>Harredeltrae Md</i>
Accident or Suicide?	



Name  
in  
Full

Mrs Georgia Gwinn Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Castleton</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>			
Date of death <u>1909</u>	<u>Dec'r</u> <sup>Month</sup>	<u>1</u> <sup>Day</sup>	Age <u>60</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Port dePOSIT</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Castleton</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Hugh A. Jones</u>				
Father's Name <u>Jacob Gwinn</u>			Father's Birthplace <u>Port dePOSIT</u>		
Mother's Maiden Name <u>Sarah Strawbridge</u>			Mother's Birthplace <u>Cecil County</u>		
Name of person giving information <u>Gwinn F. Shure</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

(64)

✓

PHYSICIAN  
OR CORONER

Primary	<u>apoplexy - Paralysis</u>		How long <u>3 1/2 days</u>
Immediate	<u>      </u>		How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Ephraim Hopkins</u>	Address <u>Darlington</u>
Accident or Suicide? <u>no</u>		<u>M'd</u>	



Name  
in  
Full

Albert Keffler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Harrods Grace		Harford					
Date of death		Month	Day	Years	Months	Days	
1909		Dec.	6	Age	63	6	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Carpenter			Where Residing if not at place of death	Harrods Grace		
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Keffler				
Father's Name	Unknown			Father's Birthplace	Germany		
Mother's Maiden Name	Unknown			Mother's Birthplace	Germany		
Name of person giving Information	William Keffler			How related to deceased	Son		

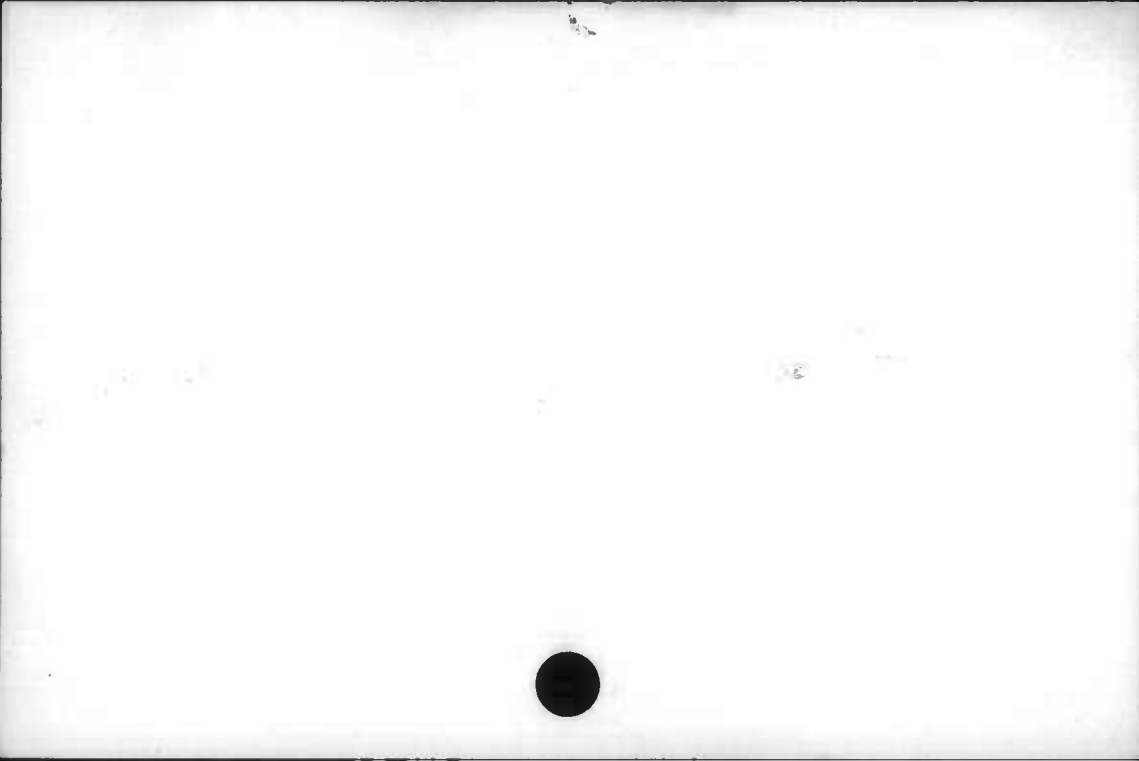
CAUSES OF DEATH

64

How long

PHYSICIAN  
OR CORONER

Primary	Deed Suddenly		How long
Immediate	Supported to be apoplexy		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. W. Smith
		Address	Harrods Grace
Accident or Suicide	No		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaretta J. M. Cuddy  
Died at *Copie* <sup>Town</sup> *Hopland* <sup>County</sup>

MARYLAND

Date of death 1909 <sup>Month</sup> *Dec* <sup>Day</sup> *11* <sup>Years</sup> *Age* *76*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, ~~Single~~ *Widowed* Name of ~~Wife~~ <sup>Husband</sup> *Henry J. M. Cuddy*

Father's Name *Amos H. Scarborough* Father's Birthplace *Ind*

Mother's Maiden Name *Jane R. Kern* Mother's Birthplace *Ind*

Name of person giving Information *James M. Cuddy* How related to deceased *Son*

CAUSES OF DEATH

120

Primary *Paraneurymatous Nephritis year or more* How long  
Immediate *Cardiac Failure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*H. Austin Tilch*  
*Cardiff,*  
*Maryland.*

Accident or Suicida

Dec. 14<sup>th</sup> at slate Ridge

Name  
in  
Full

Mrs Sasara McDoon

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Dublin <sup>County</sup> Harford MARYLANDDate of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 25 Age <sup>Years</sup> 70. <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race White Birth-place Dublin

Occupation Housewife Where Residing if not at place of death as above

Married, Single or Widowed Widow Name of Wife or Husband John McDoon

Father's Name John Jones Father's Birthplace Dublin

Mother's Melden Name Mary Ann Troutner Mother's Birthplace Dublin

Name of person giving Information W. E. Gallion How related to deceased Half-brother

## CAUSES OF DEATH

Primary Both cystolic heart murmur &amp; Cancer of liver How long Two years

Immediate Exhaustion from bowel &amp; cystic trouble How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

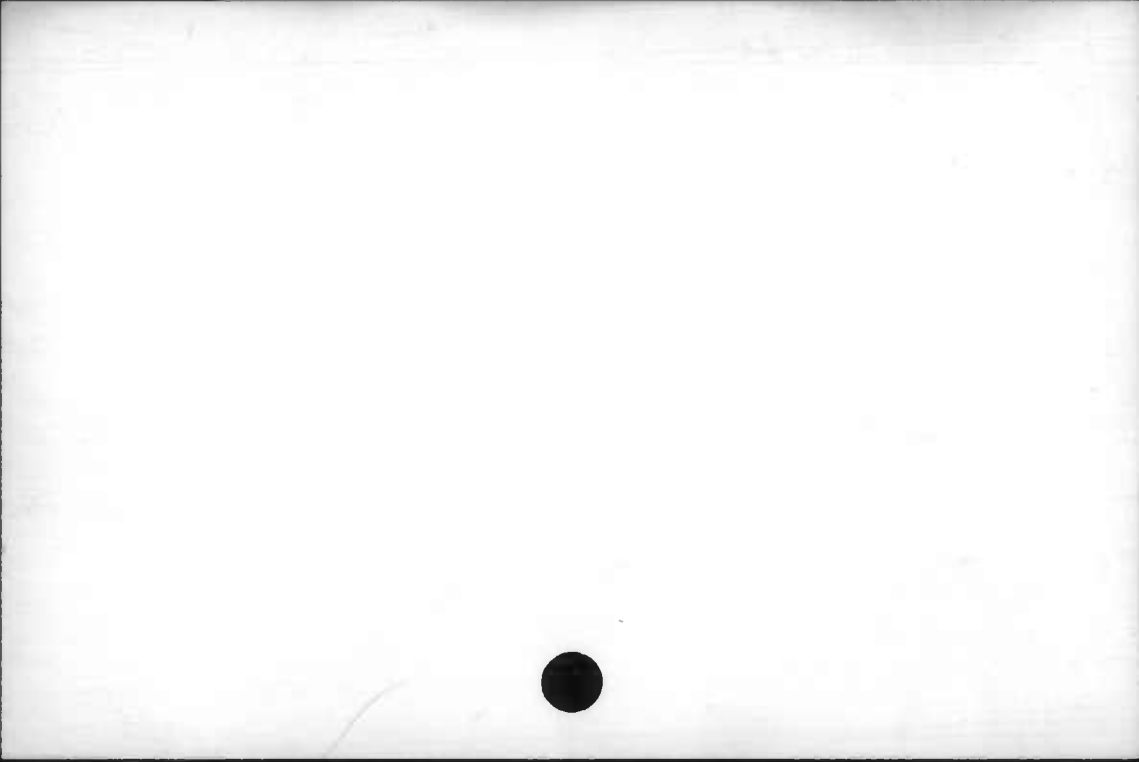
Address

Ephraim Hopkins  
Darlington  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

6



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Amelia Mayson

Died at

Street Po

Town

County

Harford

MARYLAND

Date

of death

1909 Dec

Month

Day

26

Years

Age

64

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Md.

Occupation

House Wife

Where Residing if not  
at place of death

Street Po and

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mr Mayson Sr.

Father's  
Name

Benjamin Leonard

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Mr Mayson Sr

How related  
to deceased

Husband.

## CAUSES OF DEATH

Primary

Paralysis

How long

66 2 years.

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

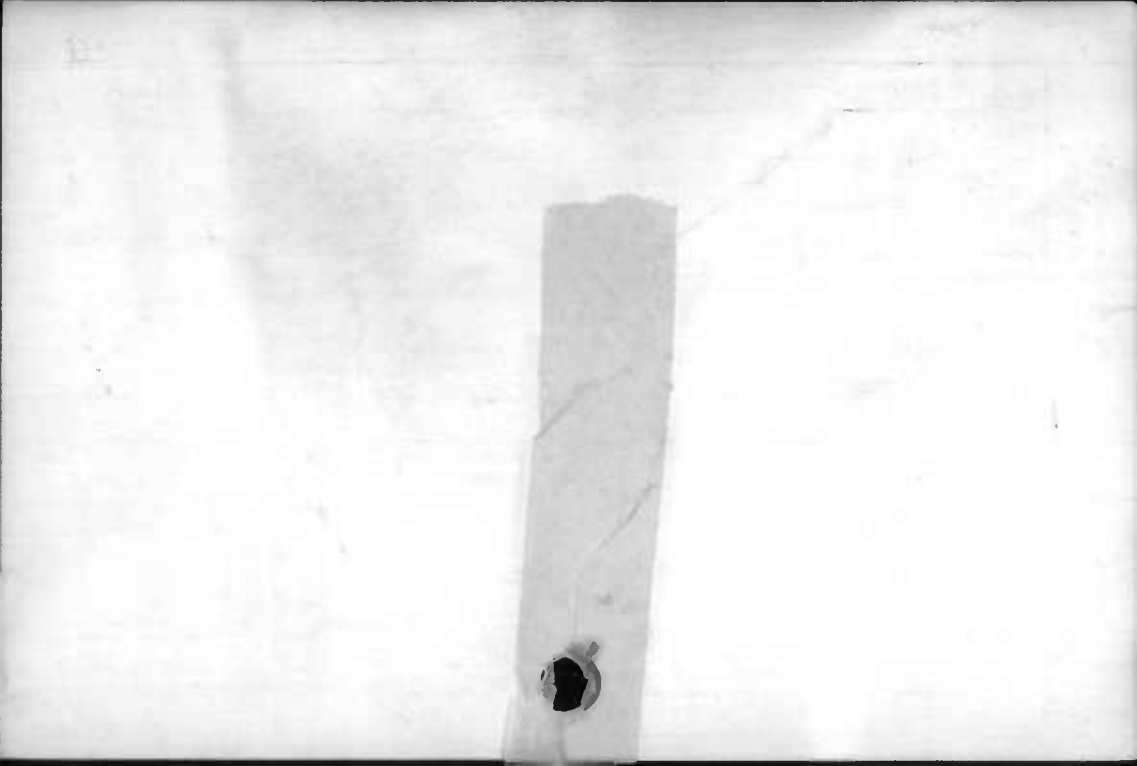
C. W. Farrow

Address

Street Po.  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Perryman</i> Town <i>Harford</i> County		MARYLAND	
Date of death <i>1909</i> <i>12</i> Month <i>16</i> Day	Age <i>73</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balti</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Widow</i>	Name of wife or Husband <i>Samuel P. Norton</i>		
Father's Name <i>Henry Diegel</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catharine Nelson</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Samuel P. Norton</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Fisher</i>
	Address <i>Baltimore Md.</i>
Accident or Suicide?	



Name  
in  
Full

*Cornelius Murphy Jr.*

CERTIFICATE OF DEATH

Died at *The Rocks* <sup>Town</sup> *Harford* <sup>County</sup> **MARYLAND**

Date of death **1909** <sup>Month</sup> *Dec.* <sup>Day</sup> *16* <sup>Years</sup> *Age 65* <sup>Months</sup> *.* <sup>Days</sup> *.*

Sex *Male* Color or Race *White* Birth-place *Ireland.*

Occupation *Farmer* Where Residing if not at place of death *at The Rocks*

Married, Single or Widowed *married* Name of Wife or Husband *Bridget M. Murphy*

Father's Name *Richard Murphy* Father's Birthplace *Keltnod*

Mother's Maiden Name *Ellen Lynch* Mother's Birthplace *Ireland*

Name of person giving Information *Thomas Murphy* How related to deceased *Son*

CAUSES OF DEATH

Primary *Organic Heart disease* How long *9 years.*

Immediate How long

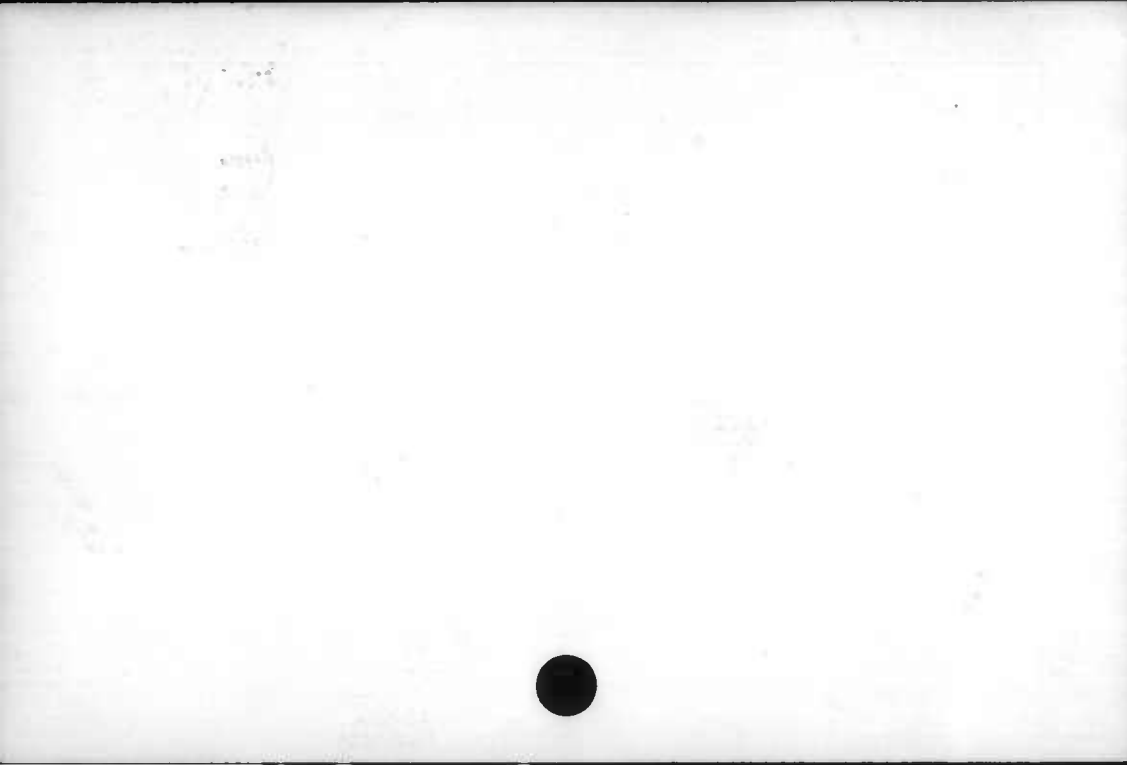
Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *Chas. W. Harmon.*

Address *Street Po. Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Robert Amos Osborn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Rock Run* <sup>Town</sup> *Harford* <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> *Dec* <sup>Day</sup> *31* Age <sup>Years</sup> *79* <sup>Months</sup> *4* <sup>Days</sup> *24*

Sex *Male* Color or Race *White* Birth-place *Harford Co*

Occupation *Blacksmith* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Silver*

Father's Name *George Osborn* Father's Birthplace *Harford Co*

Mother's Maiden Name *Susan Hawkins* Mother's Birthplace *Harford Co*

Name of person giving Information *Mrs Mary Osborn* How related to deceased *wife*

## CAUSES OF DEATH

Primary *old age* <sup>How long</sup> *2 or 3 years*

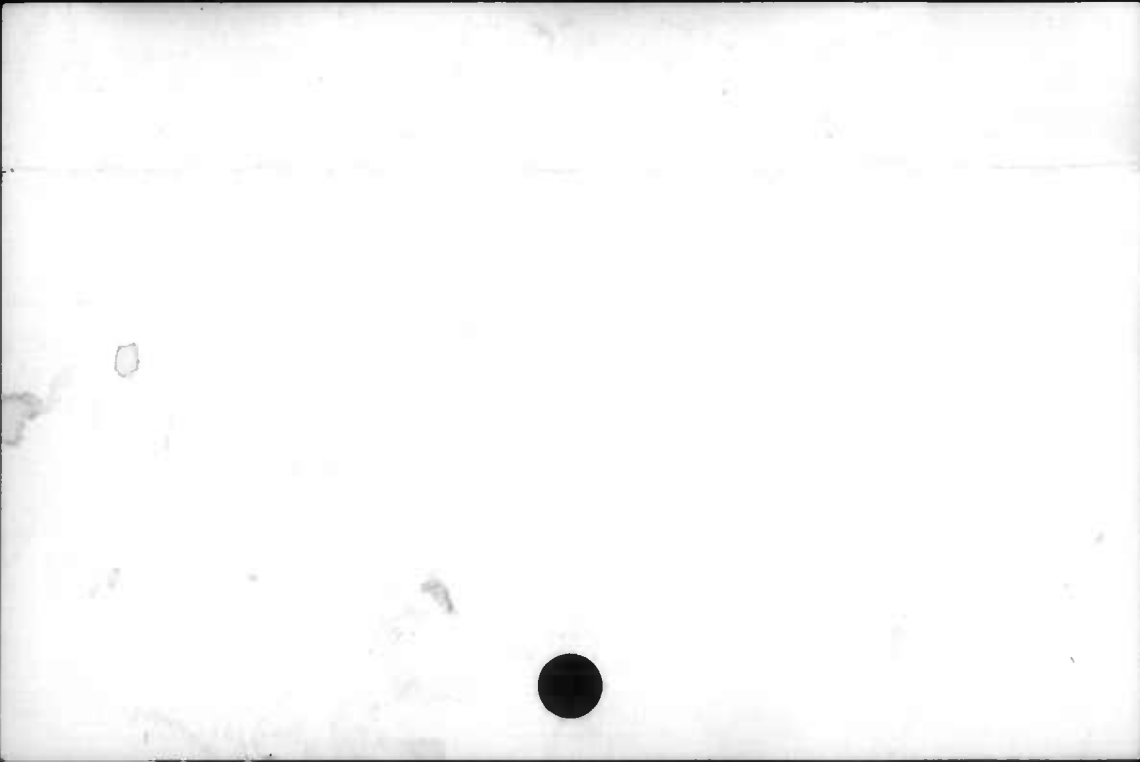
Immediate *Heart & kidney complication* <sup>How long</sup> *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

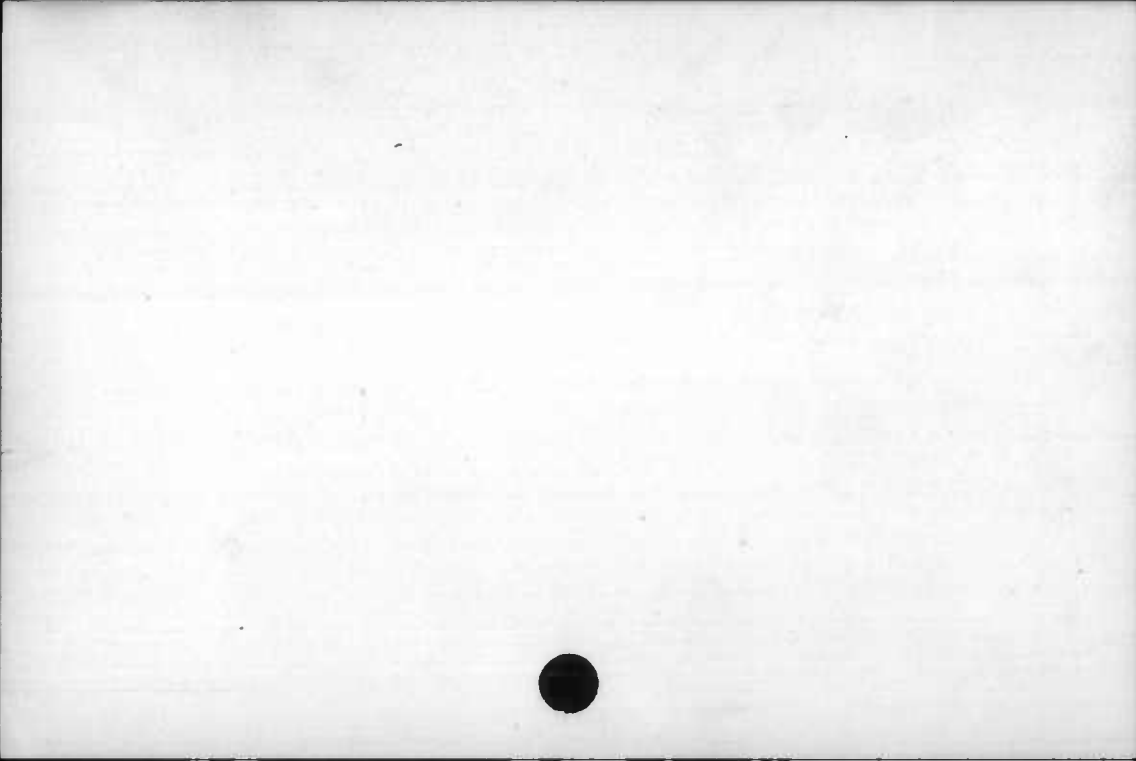
Signature of Physician *L Hopkins* Address *Harford Co Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name in Full		Certificate of Death			
William Osborn		col'd			
Died at <i>Cedar</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	1909	Month	DEC '1	Day	19
Age about		75 or 80		Months	
Sex	Male	Color or Race	Negro	Birth-place	This County
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name	unknown		Father's Birthplace	unknown	
Mother's Maiden Name	Mary Osborn		Mother's Birthplace	unknown	
Name of person giving information	E. W. Smith		How related to deceased	2nd Cousin	
CAUSES OF DEATH					
Primary			How long		
old age & general debility			about 3 weeks		
Immediate			How long		
no medical aid			unknown		
Are the name, age, sex, color, date and place correctly given above?			yes		
Signature of Physician			Ephr - Hopkins		
Address			Darlington Md		
Was a slave owned by Mr Isaac Wilson of Darlington Md					
Accident or Suicide?					



Name  
in  
Full

Philo. N. Preston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hallston</i> Town		<i>7 Howard</i> County		MARYLAND	
Date of death	190 <i>9</i> Month <i>12</i>	Day <i>18</i>	Age <i>88</i> Years	Months <i>11</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>+ Do not know</i>		
Occupation <i>Lady</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Edmund Preston</i>				
Father's Name <i>Wathamire Hoskins</i>	Father's Birthplace <i>Prima?</i>				
Mother's Maiden Name <i>Elizabeth Cheyney</i>	Mother's Birthplace <i>Do not know</i>				
Name of person giving information <i>Robt. Preston</i>	How related to deceased <i>Same</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Age - Senility</i>	How long <i>Several years</i>
Immediate <i>Probably, clot. cerebral</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Hollingsworth</i>
	Address <i>Del Air Md</i>
<u>Accident or Suicide?</u>	

1  
Jrinal's Meeting House

Name  
in  
Full

CERTIFICATE OF DEATH

Ruben C. Reynolds.

Town

County

MARYLAND

Died at Cooper

Harford

Date of death 1909 Dec. 9

Day

Age

Years

Months

Days

73

2

18

Sex

Male

Color or  
Race

White

Birth-  
place

Conchester Co.

Occupation

Blacksmith

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Martha J.

Father's  
Name

David Reynolds.

Father's  
Birthplace

Conchester Co.

Mother's  
Maiden Name

Don't know.

Mother's  
Birthplace

Unkown

Name of person giving  
Information

Frank Reynolds.

How related  
to deceased

Son

CAUSES OF DEATH

120

Primary

Paranephritic Nephritis Number of years.

Immediate

Cardiac Failure

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

H. Austin Tolcher M.D.  
Cardiff.  
Maryland

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

2



Name  
in  
Full

Charles J. Scarff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Upper X Roads <sup>County</sup> Harford MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 17 <sup>Years</sup> Friday. Age 82 <sup>Months</sup> 10 <sup>Days</sup> 17

Sex Male. Color or Race White Birth-place Deer Creek.

Occupation Farmer. Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Martha Rebecca Scarff.

Father's Name John Scarff. Father's Birthplace Deer Creek.

Mother's Maiden Name Martha (Sc) Mother's Birthplace

Name of person giving Information J. Winfield Scarff How related to deceased Son.

CAUSES OF DEATH

Primary Grippe, Congestion of Lungs How long 10 one week

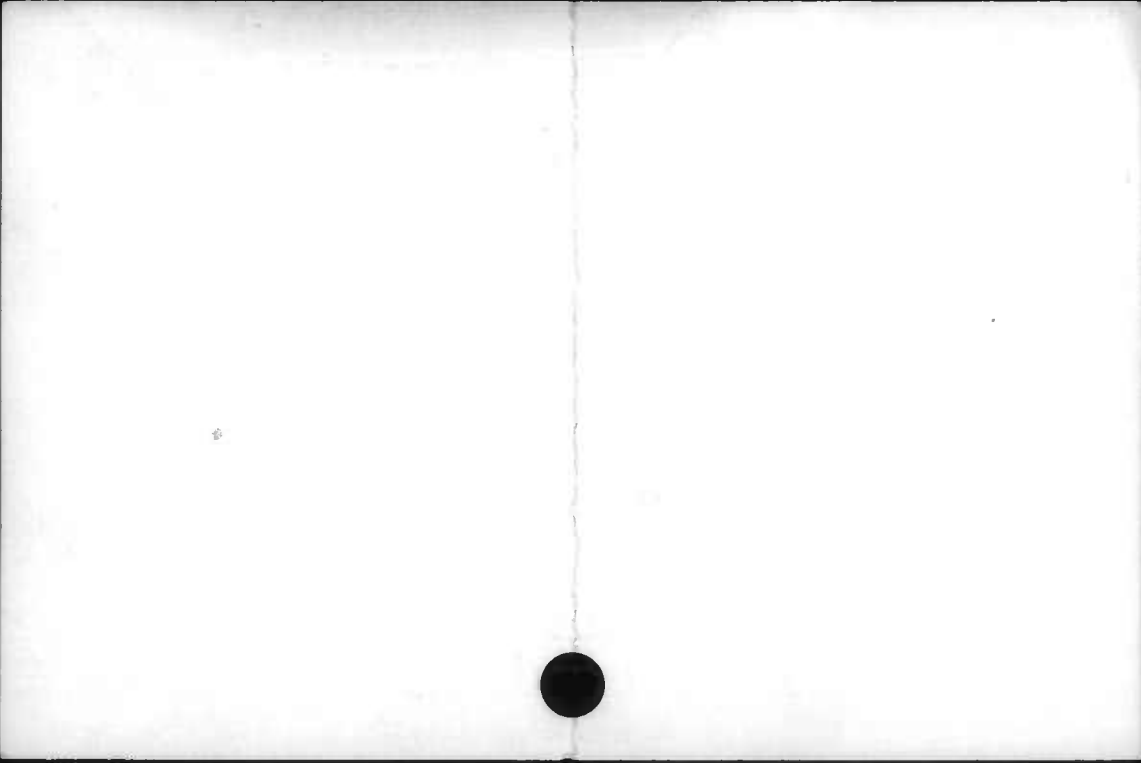
Immediate Heart failure How long two days

Are the name, age, sex, color, date and place correctly given above ? Signature of Physician John A. Green

PHYSICIAN  
OR CORONER

Address Esittings Md.

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Robert B. Sellers* Town *Bel Air* County *Harford* MARYLAND

Died at *Bel Air*

Date of death 1909 Dec 17 Age 81

Sex *Male* Color or Race *White* Birth-place *Pha*

Occupation *Painter* Where Residing if not at place of death *Bel Air Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Emma R. Sunderland*

Father's Name *Unknown* Father's Birthplace *—*

Mother's Maiden Name *Unknown* Mother's Birthplace *—*

Name of person giving Information *Wm. W. Sellers* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORNER

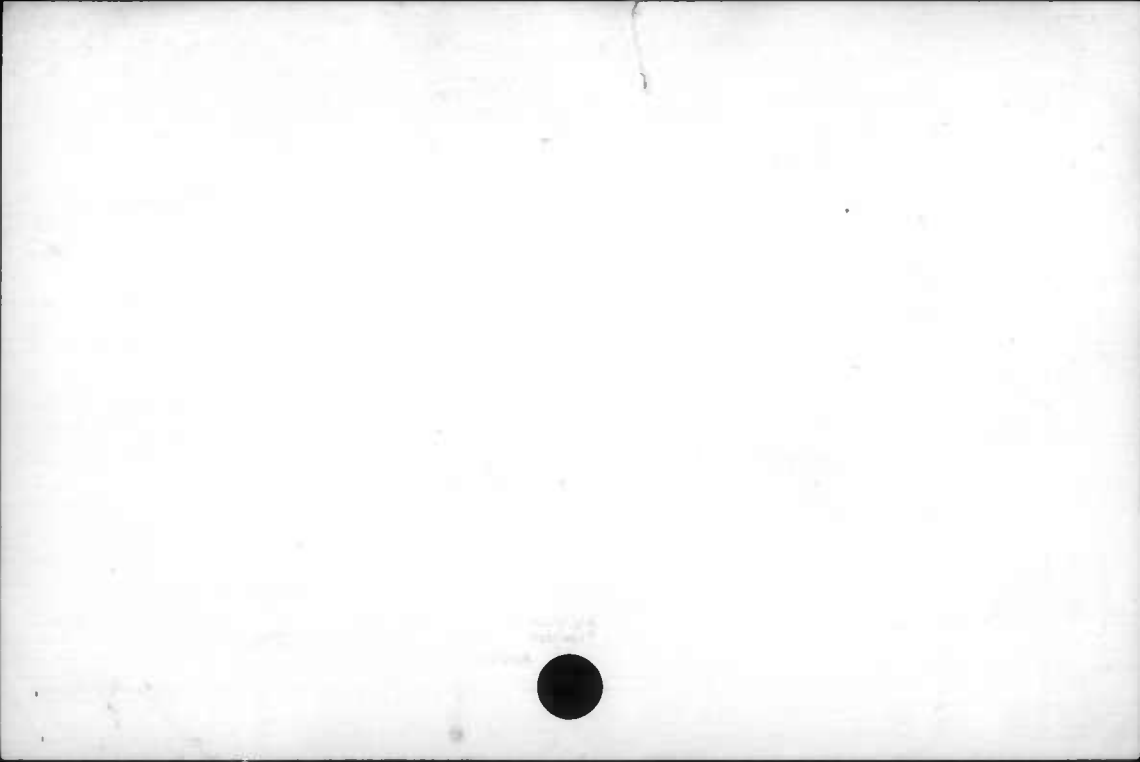
Primary *Senile Dementia* *134* How long *several years*

Immediate *Coma* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. F. Van Bibber*

Address *Bel Air Md.*

Accident or Suicide *No*



Name  
in  
Full

Harrison Swift

CERTIFICATE OF DEATH

MARYLAND

Died at *Harre de Grace* *Harford*

Date of death *1909* *Dec.* *11* Age *68* Months *11* Days

Sex *male* Color or Race *White* Birth-place *Harford Co.,*

Occupation *Blacksmith* Where Residing if not at place of death *14 delaware*

Married, Single or Widowed *Married* Name of Wife or Husband *Agnes Swift*

Father's Name *Daniel Swift* Father's Birthplace *Harford Co.,*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Walter Robinson* How related to deceased *Son in law*

CAUSES OF DEATH

Primary *Chronic Deconhosa* *2 m 3 y 20*

Immediate *Heart Weakness* *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R W Smith*

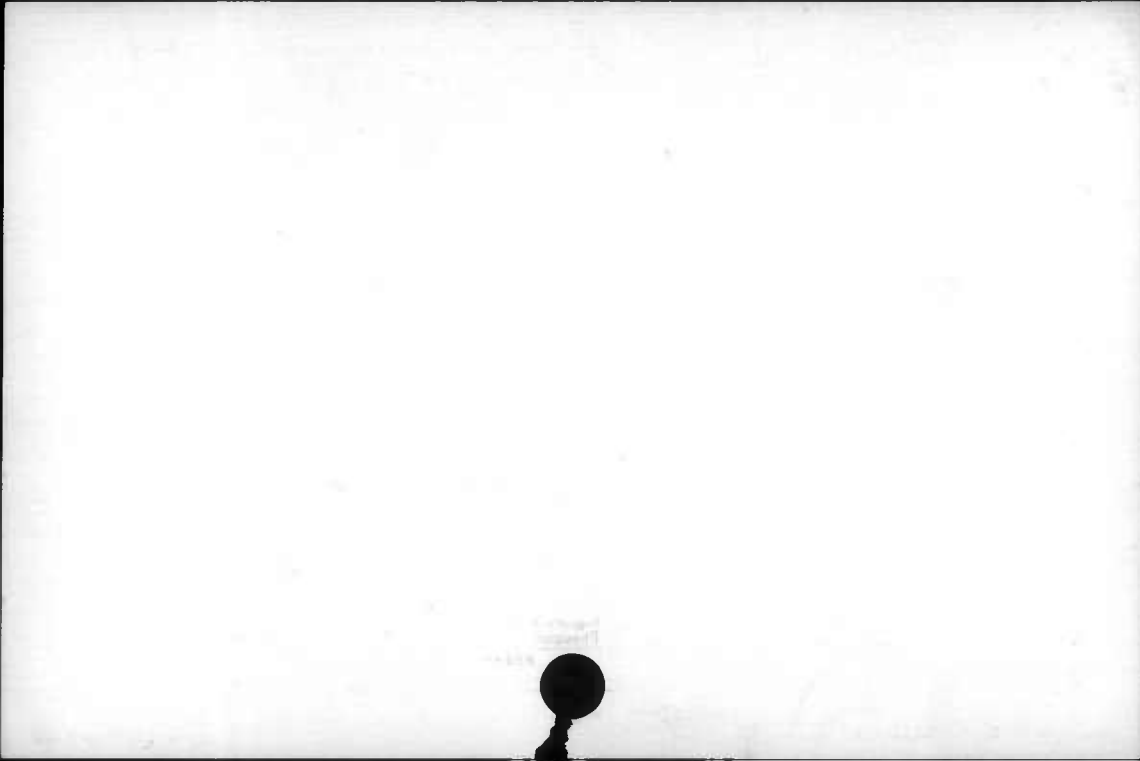
Address *Harre de Grace* *md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

6



Name  
in  
Full

*Wm Allen Tumpkins*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

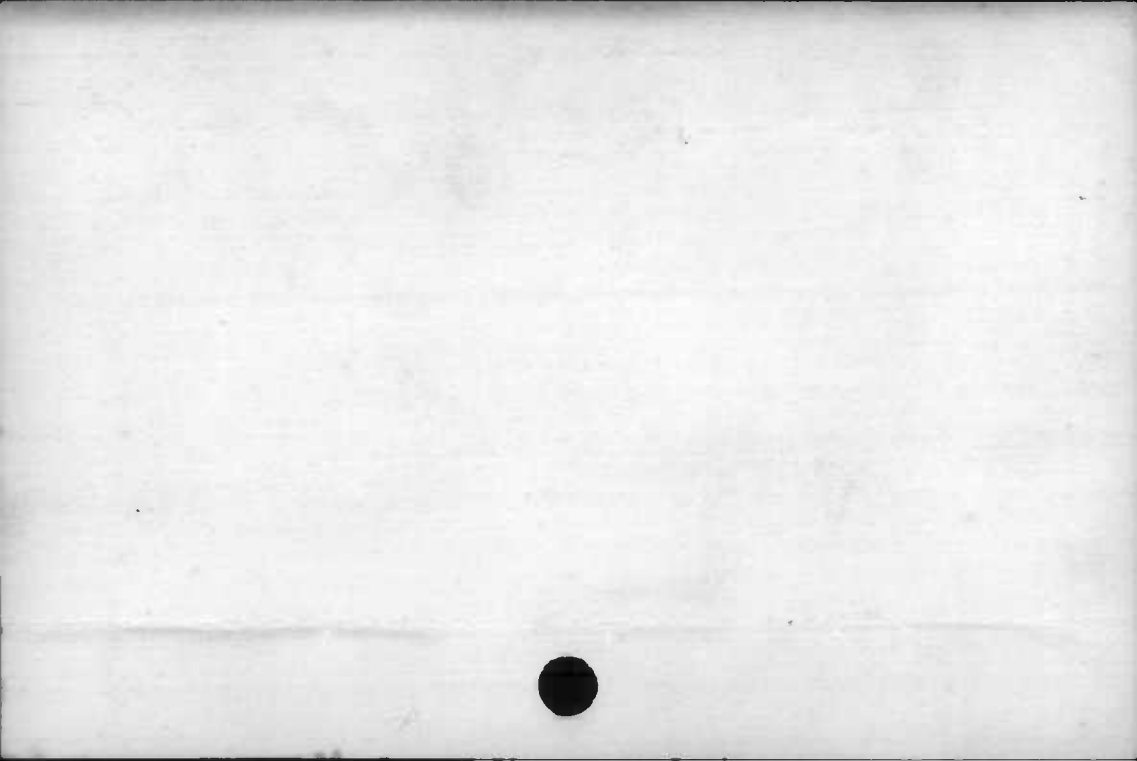
Died at <i>Norrisville</i>		Town <i>Norrisville</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Date of death <i>1909 Dec.</i>	Month <i>Dec.</i>	Day <i>6</i>	Age <i>86</i>	Years <i>86</i>	Months <i>2</i>	Days <i>14</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>York Co. Pa.</i>					
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Fawn Grove Pa.</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Margaret Tumpkins</i>						
Father's Name <i>John Tumpkins</i>	Father's Birthplace <i>York Co. Pa.</i>						
Mother's Maiden Name <i>Annie Anderson</i>	Mother's Birthplace <i>York Co. Pa.</i>						
Name of person giving information <i>John W. Tumpkins</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

**66**

PHYSICIAN  
OR CORONER

Primary <i>Arteriosclerosis - Cardiac Dilatation. Nephritis</i>	How long <i>About 6 years -</i>
Immediate <i>Right Hemiplegia. Hypostatic pneumonia. Heart Failure</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. H. Tumpkins</i>
	Address <i>New Port Pa.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph Taskey</i>		Town <i>Bell Air</i>		County <i>Hayward</i>		State <i>MARYLAND</i>	
Died at <i>Bell Air</i>		Month <i>Dec</i>		Day <i>3</i>		Years <i>82</i>	
Date of death <i>1909</i>		Age <i>82</i>		Months <i>~</i>		Days <i>~</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Bell Air Ind.</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Harriet Green</i>					
Father's Name <i>Nathan Taskey</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Mary Brown</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Robert Taskey</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Smile</i>	How long <i>over day</i>
Immediate <i>Exhaustion</i>	How long <i>over day</i>
Are the name, age, sex, color, date and place correctly given above? <i>YES</i>	Signature of Physician <i>C. H. Helling</i>
	Address <i>Bell Air Ind.</i>
Accident or Suicide	

Charles Chapel

Name  
in  
Full

Joseph Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bastleton</u> <small>Town</small>		<u>Starford</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>Dec</u> <small>Month</small>	<u>7<sup>th</sup></u> <small>Day</small>	Age <u>32</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birthplace	<u>Starford Co.</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mabel Webster</u>		
Father's Name	<u>Wm. Webster</u>			Father's Birthplace	<u>Starford Co.</u>
Mother's Maiden Name	<u>Anna Cole</u>			Mother's Birthplace	<u>Starford Co.</u>
Name of person giving information	<u>Elisha Webster</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	How long
<u>Pulmonary Tuberculosis.</u>	
Immediate	How long
<u>6 mos.</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<u>J. H. Harris</u>
	Address
	<u>Darlington, Md.</u>
Accident or Suicide?	

